STATE OF UTAH DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING APPLICATION FOR LICENSURE

ARCHITECT

DOPL-AP-058 REV 10/01/2001

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply necessary information may result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the internet. You may choose to use a business address or a P.O. Box for your address of record rather than your home address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

Supporting Documents and Fees:

- 1. If you have a current NCARB Council Record:
 - □ Request NCARB to submit your current Council Record.
 - □ Submit the completed Utah Architect Law and Rules Examination together with your completed application.
 - □ Submit the \$100.00 non-refundable application processing fee.
- 2. If you do not have a NCARB Council Record, but are currently licensed in another state:

□ Submit transcript(s) documenting graduation from a NAAB accredited architectural program

OR

Submit a "Verification of Experience" form documenting practice as a licensed principal in responsible charge for 5 of the last 7 years in a recognized jurisdiction.

- □ Submit a "Request for Verification of License" form documenting your passing scores on the ARE and current licensure as an architect from a recognized jurisdiction.
- □ Submit the completed take home Utah Architect Law and Rules Examination together with the completed application.
- □ Submit the \$100.00 non-refundable application processing fee.
- 3. If you are applying for initial licensure in Utah and not licensed in any other state:
 - □ Submit transcript(s) documenting graduation from a NAAB accredited architectural program
 - □ Request NCARB to submit documentation of completing IDP and the ARE.
 - □ Submit the completed take home Utah Architect Law and Rules Examination together with the completed application.
 - □ Submit the \$100.00 non-refundable application processing fee.

Additional Important Information:

1. Utah Law and Rules Examination:

Enclosed is the take home Utah Architect Law and Rules Examination. Return the completed law and rule exam with your application for licensure. Do not submit separately.

The following laws and rules are available on the Internet: www.dopl.utah.gov

- □ Division of Occupational and Professional Licensing Act
- ☐ General Rules of the Division of Occupational and Professional Licensing
- □ Architect Licensing Act
- □ Architect Licensing Act Rules

You may also purchase the laws and rules for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

2. NCARB Council Record - IDP Record:

To obtain a NCARB Council Record or IDP Record contact the NCARB Intern and Professional Service Department at (202) 879-0520 or visit the web site: www.ncarb.org

3. Foreign Educated Applicants – EESA Report:

Foreign educated applicants who do not have a NAAB accredited degree or do not have a NCARB Council Record may have their foreign education evaluated by EESA to determine your educational equivalency. Application forms for the "Comprehensive Evaluation" may be obtained from EESA by calling (202) 783-2007 or visit the web site: www.naab.org

4. Direct Registration – Initial Licensure:

If you are a Utah resident, register directly with NCARB to complete IDP and to take the ARE. When you complete IDP and the ARE, submit a license application to the Division and request NCARB to submit documentation of completing IDP and passing the ARE.

Contact the NCARB Intern and Professional Service Department at (202) 879-0502 or visit the web site: www.ncarb.org

5. License Renewal:

License renewal for the entire profession is May 31 of each even-numbered year. Renewal notices are mailed to your address of record approximately 90 days prior to the expiration date. It is your responsibility to notify the Division of any change of address in a timely manner.

6. License Number:

For official records, correspondence and use of the seal, you may use the first 6 or 7 digits of the license number located on your "license".

7. Seal Design:

The specifications for the seal are found in Rule, R156-3a-601.

8. Continuing Education:

Not required.

Make Licensure Fees Payable To:

DOPL.

Mail Complete Application To:

By U.S. Mail

Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing 160 East 300 South, 1st Floor Lobby Salt Lake City, Utah 84111

Telephone Numbers:

Direct Dial: (801) 530-6403

(801) 530-6551

Utah Toll Free: (866) ASK-DOPL

(866) 275-3675

Fax Number:

(801) 530-6511

APPLICATION FOR LICENSE or CERTIFICATE or REGISTRATION

GENERAL INFORMATION

License/Certificate/Registration Apply	ying For:	
Social Security Number:		
Last Name:	Maiden Name:	
First Name:	Middle Name:	
Have You Ever Held A Utah License	Before? Yes No	
If Yes, Name of Profession:		
If Yes, License Number:		
Gender (Male or Female):	Date of Birth:	
PUBLIC MAILING ADDRESS		
Street:		
City:	State:	Zip:
County:		
Telephone:		
DO NOT WRITE IN THIS SECTIO	ON - FOR DIVISION USE ON	NLY
License/Certificate Number:		
Date License/Certificate Approved:		
Approved By:		
Date License/Certificate Denied:		
Denied By:		
Paggar For Daniel/Other Comments:		

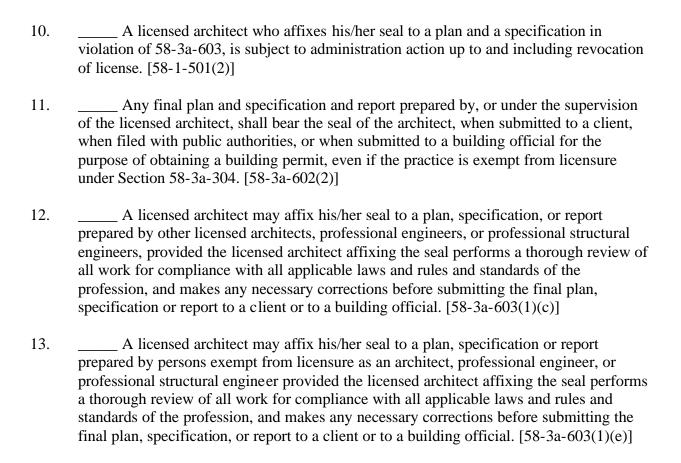
EDUCATION REQUIREMENT:

Answer "yes"	'or "no"
	I have a current NCARB Council Record. If "yes", date you requested NCARB submit the Council Record to the Utah Board:/
	I completed an architectural education program accredited by NAAB.
	I completed an architectural education program in a foreign country.
	I have practiced as a licensed principal for 5 of the last 7 years in a recognized jurisdiction, in lieu of having met the education requirements for licensure. If "yes", provide the following information:
	Name of State: Phone Number:
	Name of Contact Person:
EXAMINAT	TION REQUIREMENT:
Answer "yes'	or "no"
	I have a current NCARB Council Record.
	I passed the ARE in Utah.
	I passed the ARE in a state other than Utah. If "yes", provide the following information:
	Name of State: Phone Number:
	Name of Contact Person:
	I practiced as a licensed principal for 5 of the last 7 years in a recognized jurisdiction, in lieu of having passed all divisions of the ARE. If "yes", provide the following:
	Name of State: Phone Number:
	Name of Contact Person:

UTAH ARCHITECT LAW AND RULES EXAMINATION

The references have been provided to assist you in selecting your response. Answer true or false for each statement. Do not leave any statement blank.

1.	A licensed architect may perform professional engineering work incidental to the practice of architecture. [58-3a-102(6)(b)]
2.	A licensed professional engineer is exempt from licensure as an architect while performing engineering or incidental architectural acts or practices that do not exceed the scope of the education and training of the professional engineer performing architecture. [58-3a-304(1)(c)]
3.	A licensed architect may design a building which has human occupancy or habitation as its principal purpose, and includes the structural, mechanical and electrical systems, utility services, and other facilities required for the building. [58-3a-102(3)]
4.	When submitting a final set of plans and specifications for a building or structure, the final set of plans normally includes floor plans; elevations; site plans; foundations, structural and framing detail; electrical, mechanical and plumbing design; information required by the energy code; specifications and related calculations as appropriate; and all other documents required to obtain a building permit. [58-3a-102(4) and 603(1)]
5.	An architect licensed in a state other than Utah is not permitted to engage in architectural services in Utah without first being licensed in Utah, unless exempted from licensure. [58-3a-501(2) and 58-3a-304]
6.	An architect licensed in a state other than Utah is permitted to offer to render architectural services in Utah without being licensed in Utah to the extent the architect complies with the requirements set forth in 58-3a-304(1)(a).
7.	A person preparing a plan and specification for a one, two, three, or four-family residence not exceeding two stories in height is not required to be a licensed architect. [58-3a-304(1)(b)]
8.	A licensed architect may affix his/her seal to a plan, specification, and report only when in accordance with 58-3a-603.
9.	An organization engaged in the practice of architecture is exempt from licensure, provided that the organization employs a Utah licensed architect who is in responsible charge of the architectural services provided by that organization, and all other persons employed by the organization, who engage in architecture are licensed or exempt from licensure. [58-3a-102(7)]



ARCHITECT QUALIFYING QUESTIONNAIRE

Answer "yes" or "no" for each question. Do not leave any question blank.
1. _____Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?

3.

revoked in any way?

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4.	Have you ever been permitted to resign or surrender your license, certificate,
	permit, or registration to practice in a regulated profession while under investigation or
	while action was pending against you by any professional licensing agency or criminal or
	administrative jurisdiction?

_____Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or

- 5. ____Are you currently under investigation or is any disciplinary action pending against you now by any professional licensing agency?
- 6. ____Have you been arrested for or charged with a misdemeanor or felony charge in any jurisdiction during the last 10 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
- 7. ____Have you ever pled guilty to, no contest to, or been convicted of any felony or misdemeanor in any jurisdiction?
- 8. ____ Have you ever been incarcerated for any reason in any Federal, State, or County Correctional Facility?

If you answered "yes" to any of the above questions, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean that you will not be granted a license; however, additional documentation may be requested by the Division if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant:	 	
Date of Signature:		
Printed Name of Applicant:		

Division of Occupational and Professional Licensing 160 East 300 South, P.O.Box 146741 Salt Lake City, Utah 84114-6741

FAX: 801-530-6511

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY THE APPLICANT:

Request that the verifying state complete the form and mail or fax it directly to the Division or return it to you for submission with your application.

Applicant Name:
Street Address:
City:
State: Zip:
I am requesting licensure in the State of Utah as:
I am/have been licensed in your State under the name:
My Social Security Number is:
My date of birth is:
My license number in your State is/was:
I have enclosed the necessary license verification fee in the amount of: \$
Signature of Applicant:
TO BE COMPLETED BY THE VERIFYING AGENCY:
Please furnish the information requested, sign and verify the document, and mail or fax it directly to the Division or place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The applicant will include the verification of licensure with his/her Utah application. Thank you.
Name of Verifying State/Agency:
Name of Licensee (as it appears in verifying state's records):
Classification of License Issued:

License Number:
Current Status:
Original Date of Licensure:
Expiration Date:
Continuously Licensed:
YesNo, please elaborate
Please Indicate Which Version of the Architectural Examination applicant took and date passed:
Examination Syllabus (1954-1975):
Equivalency Examination (June 1973 – June 1976):
Qualifying Test (June 1977 - June 1982):
Professional Examination - (Dec 1973- Dec 1978):
ARE (1983 to present):
If applicant did not pass one of the above named examinations, please indicate on what basis was the applicant licensed:
Disciplinary Action or Pending Disciplinary Action: No Yes, please provide copies of Petitions, Orders, etc.
Signature:
Title:
Agency:
Date:
(SEAL)

Division of Occupational & Professional Licensing 160 East 300 South, P.O. Box 146741 Salt Lake City, Utah 84114-6741

VERIFICATION OF EXPERIENCE FOR LICENSURE AS AN ARCHITECT

PART I:

TO BE COMPLETED BY APPLICANTS APPLYING BY ENDORSEMENT (PRACTICE AS A PRINCIPAL IN RESPONSIBLE CHARGE FOR 5 OF THE LAST 7 YEARS IN ORDER TO WAIVE THE EDUCATION REQUIREMENTS):

Name/Address/Telephone Number of Applicant:
Name of Architectural Organization/Address/Telephone Number:
Dates of Employment: From To
Average Hours Worked Each Week:Total Number of Months Worked:
Indicate if you are an employee, self employed, partner, or corporate officer:

On additional pages, state your title, list your specific job duties and responsibilities and list your projects and accomplishments documenting your licensed practice as a principal in responsible charge for 5 of the last 7 years:

ATTACH ADDITIONAL PAGES DOCUMENTING REQUESTED INFORMATION

PART II:

TO BE COMPLETED BY THE LICENSED ARCHITECT WHO IS VERIFYING THE APPLICANT'S ARCHITECTURAL EXPERIENCE:

Review the information provided by the applicant in PART I, complete the information requested in PART II, and submit the completed form in a sealed envelop to the applicant for submission with his/her license application.

Verifying Licensed Architect's Name:	
Address of Verifying Architect:	
Telephone Number:	
License Number:	
State of Licensure:	
Expiration Date of Your License:	
I certify that the information contained in this document is true, complete and accurate. I furth certify that I understand that to falsify or withhold information may be unprofessional conduct and would subject my license to disciplinary action.	
Signature of Licensed Architect Verifying the Information:	
Date of Signature:	
(Seal Imprint of Stamp)	

NOTE: This form will not be accepted without the stamp/seal of the verifying architect and original signature and date of the verifying architect written across the face of the seal.